

Registration District No. 111

Primary Registration District No. 111

Registrar's No. 2479

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Marys Hospital St Louis Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution less than 24 hrs
(Specify whether
In this community less than 24 hrs
years, months or days)

3. (a) PRINT FULL NAME DONALD EMROE BAKER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife Chief 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 6 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 6 23 _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Chief

11. Industry or business _____

12. Name Empo Baker

13. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Baker

15. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Empo Baker

(b) Address St Louis Mo

17. (a) Burial (b) Date thereof 12-30-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis Mo

18. (a) Signature of funeral director Baker Funeral Home

(b) Address St Louis Mo

19. (a) DEC 30 1940 (b) Albert H. Happe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ballinger
(c) City or town Lutesville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1940 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 28
1940 to Dec 29 1940.
that I last saw him alive on Dec 28 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death: Laryngeal Obstruction Duration 2 days

Due to Impure lung pneumonia 5 days

Due to _____

Other conditions 11-12
(Include pregnancy within 3 months of death)

Major findings: marked edema of
Of operations larynx

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____

(e) Means of injury _____

23. Signature James L. Mudd (M. D. or other) _____

Address 634 N Grand Ave Date signed 12/29/40

(Licensed Embalmer's Statement on Reverse Side) St Louis

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.